

# **HOUSEHOLD GOODS & UNACCOMPANIED BAGGAGE CLAIMS PACKET**



## **HOURS OF CLAIMS OFFICE OPERATIONS**

### **WALK-INS**

**Monday - Wednesday and Friday:  
0900 – 1230 and 1330 -1600**

**Thursdays  
0900-1230 and 1330 -1500**

**Appointments Available Upon Request**

**Telephone Number: DSN 423-4061/4195  
Commercial: 065-44-4061/4195**

**SHARPE**  
*Northern Law Center*



# **IMPORTANT DEADLINES:**

**SUBMIT YOUR DD FORM 1840R (PINK/WHITE SHEET) TO THE CLAIMS  
OFFICE NO LATER THAN:**

**70 DAYS AFTER DELIVERY**

**SUBMIT YOUR CLAIMS TO THE CLAIMS OFFICE WITHIN TWO (2)  
YEARS FROM  
THE DATE OF DELIVERY  
*(THIS IS THE STATUTE OF LIMITATIONS.  
IT CANNOT BE WAIVED!)***

## GENERAL INSTRUCTIONS AND PROCEDURES FOR FILING CLAIMS FOR DAMAGES TO OR LOSS OF HOUSEHOLD GOODS OR HOLD BAGGAGE

These instructions have been designed to help you in filing a household goods or hold baggage claim against the US Government. Please follow the instructions carefully, initial the checklist, complete the forms as shown in the attached samples and provide all required documents and substantiation. By doing so you will allow the claims office to provide a faster and fairer adjudication and payment.

### GENERAL INFORMATION:

1. You must file separate claims for each shipment. Do not mix up hold baggage and household goods.
2. Fill out all three copies of your DD Form 1840/1840R (the pink/white form) and deliver them to your claims office within 70 calendar days from the date of delivery. Normally, you cannot be paid for items not timely reported on that form.

### **REMEMBER: TURNING IN DD FORM 1840/1840R (THE PINK/WHITE FORM) IS NOT THE SAME AS FILING YOUR CLAIM.**

3. You have two (2) years from the date of delivery of your goods to file your claim (not the pink/white form). This time limit is set by statute.
4. **Minimum Requirements for filing a claim for purposes of meeting the two-year statute of limitations deadline:** You need only to submit any written demand for payment ("Napkin" claim) or DD Form 1842 (Claim for Personal Property Against the United States) to a military claims office in order to meet the two-year deadline. There is no need for a dollar amount. Also, to meet the 2 year limit you do not need ANY substantiation. You must fill out the forms listed below and substantiate your claim before the claims office can pay it.
5. By statute, only service members or Government employees can file these types of claims. As an exception, a representative may file on your behalf with a power of attorney; a spouse may file using a power of attorney or a specific written authorization. The claims settlement still goes to the sponsor.

An example of a written authorization:

"I, SPC John Doe, SSN, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for the loss/damage to my hold baggage/household goods."  
(Signed)(Date)

### DOCUMENTS YOU NEED IN ORDER TO BE PAID:

\_\_\_ 1. **DD Form 1842**, Claim for Personal Property Against the United States. (See enclosed pre-printed form – you need only to fill in the blanks.) You need to answer the questions at blocks 11-15. If you have private insurance covering items, you have the **OPTION** to file with your insurance company or not. Attached is the "New Army Claims Policy On Private Insurance."  
If you elect to file with your insurer and you have a deductible, you can later file with the Government; however, you should not simply claim for the deductible. You need to provide a copy of your

settlement letter from the insurance company and a copy of your insurance policy showing your deductible.

If you elect to file with the Army, you MAY NOT file with your insurance company at all. You MAY NOT split out portions of your claim between the Army and your insurance company.

- \_\_\_2. **DD Form 1844**, Schedule of Property. (See enclosed sample).
- \_\_\_3. **DD Form 1840/1840R**, Notice of Loss or Damage.
- \_\_\_4. a. **PCS Orders** authorizing shipment and all amendments **OR**  
b. Quarters assignment or housing letter for local moves.
- \_\_\_5. **\*Government Bill of Lading** (GBL) or other shipping document.
- \_\_\_6. **\*DD Form 1299**, Application for Shipment/Storage of Property.
- \_\_\_7. **Original Household Goods Descriptive Inventory**.
- \_\_\_8. **DD Form 619-1**, Statement of Accessorial Services Performed.
- \_\_\_9. **Direct Deposit Form**.
- \_\_\_10. **Estimates of Repair or Replacement Costs** (See following **HOW TO SUBSTANTIATE YOUR CLAIM**).
- \_\_\_11. **Missing item(s) statement/Electronic item statement/Statement of Tender** (If applicable).
- \_\_\_12. **Power of attorney or specific written authorization** (If applicable).

\*If you do not have these documents, let us know right away. We will get them through transportation channels.

### **HOW TO SUBSTANTIATE YOUR CLAIM**

You must substantiate three (3) things:

- 1) **The ownership of the item.**
- 2) **That the movers lost/damaged the item.**
- 3) **The dollar value of the damaged item/lost item.**

1. **Proof of Ownership:** First, determine if the item is on the shipping inventory; indicate the correct inventory number on all claim forms. You should keep a list of all major items with their purchase prices and purchase dates, and the receipts to prove it. If an expensive item is not individually listed on the inventory, provide the purchase receipt and any pictures of the item in your home. Keep any inventory and any pictures separate from your property. Do not ship these with your household goods. Please submit a "Missing Items Statement" for any items that were not delivered by the carrier at the time of delivery (see enclosed example).

2. **Cost of Repair:** It cannot exceed the current value of the item.

You will need a repair estimate on furniture and electronic equipment, unless the damage is either very minor, or so bad that it is obvious to the claims office that the item is not repairable.

**Furniture:** The estimate should describe the damaged areas and the repairs necessary to restore the item to its pre-move condition. It should only cover the new damage which is listed on the DD Form 1840/1840R. It must be itemized, descriptive and should be signed and dated. We can provide translation of the estimate. If your estimate is in Euros, we will use the exchange rate in effect on the date you file your claim. If repairs were completed prior to filing your claim, the exchange rate used will be that which was in effect on the date the repairs were made. Be sure you then fill in the total dollar amount of your claim on DD Form 1842.

**Electronic Items:** When there is possible internal damage to these types of items, you must submit a repair estimate sufficiently detailed to show the claims office that the item was damaged in shipment.

- (1) Have the damaged electronic items first inspected by claims personnel.
- (2) Have the items inspected by a qualified electronic repairman to have a determination on the cause of damage (rough handling, manufacturer's defect, normal wear and tear, etc.), the extent of the damage and the repair cost.

Please note that the damage resulting from a manufacturer's defect or from normal wear and tear is not compensable. In the absence of clear evidence indicating another cause (the burden of proof is on you), internal damage to electronic items is presumed to be the result of mechanical defect or normal wear and tear. You need evidence that the damage was due to rough handling in shipment. Please submit a statement that you tendered the item to the carrier in good condition (see enclosed sample).

Repair firms will charge you for an estimate. If the estimate fee is not included in the total cost of repairs, or is not deductible when the work is accomplished, then you may claim the fee as a separate line item on your claim.

3. **Replacement Cost:** This is a factor in determining an item's fair market value when an item is lost or damaged beyond repair. You can obtain replacement costs from mail order catalogs, from AAFES, or through the web. If using a catalog, make a copy of the catalog page. If using the web, print a copy of the page. AAFES will usually issue a written statement of replacement costs. AAFES website: [www.aafes.com](http://www.aafes.com). You need to submit substantiation when the replacement cost is over \$100 per item and your total claims exceeds \$500.

## **ADDITIONAL INFORMATION**

1. **Do not throw away any damaged items until your claim is settled**, unless you have the prior approval of the claims office.

The carrier who delivered your property and the claims office have the right to inspect your household good/hold baggage for shipment damage. The carrier has the right to inspect within sixty (60) days after delivery of the shipment or dispatch of the DD Form 1840R (pink/white form), whichever is later. If you prevent the carrier from inspecting, your claim may be reduced. If the carrier schedules an inspection, please contact the claims office. The carrier's repair estimate may be used to adjudicate your claim, but only if the claims office determines that it is a reasonably valid estimate.

Also, the claims office may require you to turn-in your damaged items to the Defense Reutilization and Marketing Office (DRMO).

2. **Army Policy on Private Insurance**

If you have a private insurance policy that may cover all or part of your loss, you DO NOT HAVE TO FILE with your private insurance company before you can be paid by the Army, IF your claim is for a loss or damage to your personal property while it was being transported or stored at government expense.

You may not, however, be paid by both the Army and your private insurance company for the same item. This would be unjust enrichment and possibly fraud. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.

By electing not to file against your private insurance, you will generally have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.

For additional information about the Army policy on private insurance, please see our fact sheet entitled "Army Claims Policy on Private Insurance."

### 3. **Contact Information**

If you have any further questions, please contact claims personnel at The Northern Law Center, Bldg 318 on SHAPE, or call DSN 423-4061 or commercial 065/44.40.61.

APO Address:  
Northern Law Center  
Unit 21420  
APO AE 09705

Civilian Address:  
Office of the Judge Advocate  
Northern Law Center  
Claims Office  
Rue Lemnitzer  
Building 318, Room 208  
7010 SHAPE

Telephone: DSN: 423-4195/4061  
Civilian: 0032-65-44-4195/4061

Facsimile: DSN: 423-7371  
Civilian: 0032-65-44-7371

# DEPRECIATION

1. **There are many misconceptions about depreciation.** Many claimants think that depreciation is unfair and that they should be paid replacement cost instead.
2. **Under the claims statute you are paid the actual value of an item at the time of its loss.** The Army cannot pay more than an item was worth when it was lost or destroyed beyond repair. That would put you in a better position than you were in before the incident. By statute, the Army simply cannot do that. If your 10-year-old TV is lost or destroyed during shipment, you will be reimbursed for the value of a 10-year-old TV – not a brand new one. Although your TV may have been working, it was still a used TV. Perhaps it is easier to illustrate this point by use of role reversal. Assume a new TV costs \$500. Assume further, that someone offers to sell you a comparable 10-year-old television for \$500. Would you consider \$500 to be a fair price for a 10-year-old TV when a brand new one costs the same amount?

The Army is only permitted to pay you for the actual value of your used item. You can then use the money to buy a similar used item, or, you can apply the money toward the cost of a newer item if you choose.
3. **How is actual value determined?** The actual value of an item is the current replacement cost minus depreciation, if any. Current replacement cost takes inflation and local unavailability into account. If the item costs more now than when you bought it or, is not available in the local area, you provide the current replacement price of the item where it can be found. Only then is depreciation computed.
4. **How is depreciation determined?** The military services have developed a joint “Depreciation Guide” which lists standard depreciation rates for virtually all categories of personal property.
5. **Not all items are depreciated.** Items that do not decrease in value over time are not depreciated. For example, true antiques (over 100 years old) do not depreciate. Expensive solid wood furniture such as that made of oak or walnut does not depreciate. Fine china does not depreciate.
6. **As you can see, depreciation is not unfair.** The reality is that “actual value” is a fair measure of what a claimant should be paid. And the “actual value” rule in effect does pay you “replacement cost” – it’s just that you have to realize that means the replacement cost of a used item.
7. **A private insurance policy is the only way to guarantee full replacement cost.**

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)		
7. HOME TELEPHONE NO. (Include area code)		8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED
<p>10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</p> <p>Pursuant to _____, Department of the Army, _____ dated _____, my household goods/hold          (Orders#) (Station issuing orders) (Date of Orders)          baggage were/was packed on _____, by _____, at my residence at _____ for          (Date) (Packers) (Address)          shipment under Government Bill of Lading Number _____, dated _____. Delivery was made to          (GBL#) (Date)          _____ on _____ by _____. The property was/was not unpacked in the presence          (Local Address) (Date) (Local Carrier's Agent)          of the delivering carrier and the missing and/or damaged articles were/were not noted on DD Form 1840 at the time of          delivery. I did/did not note additional damages on the DD Form 1840R and I did/did not turn the DD Form 1840R into the          Claims Office within the required 70 days from the date of delivery of my shipment.          I elect/do not elect to file with my private insurance.</p>				

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>		

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (YYYYMMDD)
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## PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)



### PRIVACY ACT STATEMENT

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

### INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

### PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

**23. DENIAL** (*X if applicable*)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

**24. SUPPLEMENTAL PAYMENT** (*X and complete if applicable*)

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

**25. SIGNATURES**

a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
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**25. APPROVING/SETTLEMENT AUTHORITY** (*Settlement Authority is required for denial.*)

a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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## ELECTRICAL/ELECTRONIC REPAIR REPORT

The Army Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether it is due to fair wear and tear or to a manufacturer's defect. Please complete this form to the best of your ability.

1. YOUR FIRM NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

2. YOUR FIRM TELEPHONE NUMBER: \_\_\_\_\_

3. OWNER'S NAME: \_\_\_\_\_

4. ITEM EXAMINED: \_\_\_\_\_  
(MAKE) (MODEL) (AGE)

5a. There (was) (was not) external damage to the item.

Description and location of new external damage is: \_\_\_\_\_

Description and location of old external damage is: \_\_\_\_\_

5b. I (was) (was not) able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by: \_\_\_\_\_

5c. There (was) (was not) internal damage to this item.

Detailed description of internal damage is: \_\_\_\_\_

5d. I (was) (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by: \_\_\_\_\_

5e. I came to this conclusion because: \_\_\_\_\_

\_\_\_\_\_

6. I estimate the cost for repairing this damage is:

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

(parts) \_\_\_\_\_ \$ \_\_\_\_\_

subtotal for replacement parts: \$ \_\_\_\_\_

cleaning or other servicing charges/cost of estimate: \$ \_\_\_\_\_

tax: \$ \_\_\_\_\_

labor: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## ELECTRONIC ITEMS STATEMENT

The following sample paragraph is also provided for format purposes. Again, please do not copy this statement verbatim, but explain in your own words in your own handwriting!

On 25 March 2005, the movers arrived at my house to pack up my household goods. When they entered my home, my family and I were watching a movie on my Toshiba 19" color TV. I immediately started to turn the TV off and unplug it from the wall. They said that it was not necessary because they would not be able to pack everything that day so if we wanted to keep the TV for another day, it would not be a problem. So I kept the TV out for the weekend. On 28 March 2005, they arrived to finish and again the TV was on. The movers pack the television and shipped it. The TV has no internal or external damage. It worked fine prior to shipment. Upon receiving my TV after shipment it was scratched on the top and would not work anymore.

-----END OF STATEMENT-----

Sign and date your statement.

## MISSING ITEMS STATEMENT

If any items were not delivered by the carrier at the time of delivery, please provide a written statement listing the missing items. Your statement should include: inventory number, type item (brand name, model and size) and quantity. Also indicate whether the entire inventory line item (item carton) is missing or selected items are missing out of a carton.

The following paragraph is a sample statement to assist you for format. Please do not copy this statement verbatim, but put in your own words and in your own handwriting!

I owned and used the following listed items on my claim prior to my move, but they were not delivered to me by the destination carrier. After my household goods were packed at origin, I checked all the rooms in the house to make sure nothing was left behind. All items had been packed by the carrier.

INV #	ITEM (list each item individually)
XX	XXXXXXXXXX
XX	XXXXXXXXXX
XX	XXXXXXXXXX
XX	XXXXXXXXXX

Sign and date your statement.

If there are specific circumstances regarding the packing of any specific missing items, please mention those circumstances, in writing, next to the individual item that you have claimed as missing.

## STATEMENT OF TENDER

The following sample paragraph is provided for format purposes. Please do not copy this statement verbatim, but explain in your own words in your own handwriting!

On March 25, 2005, the packers packed my telephone in box number 173 of the inventory with my kitchen items. The telephone was used in the kitchen by my family and therefore was in that room when the packers arrived. Also, when I unpacked that carton, that's where I found my telephone.

-----END OF STATEMENT-----

Sign and date you statement.

**REQUEST FOR EFT PAYMENT  
TO ACCOUNT OTHER THAN SURE-PAY**

**RANK:**

**NAME:**

**SSAN:**

**BANK NAME:**

**BANK ADDRESS:**

**ACCOUNT TYPE:**

☐

**SAVINGS**

☐

**CHECKING**

**BANK ROUTING:**

**ACCOUNT NUMBER:**

\_\_\_\_\_  
**SIGNATURE**



# Document Checklist

## Household Goods & Unaccompanied Baggage Documents needed to process claim

- ☐ **DD Form 1842** – must be signed by claimant
- ☐ **DD Form 1844** – each item must be listed separately
- ☐ **Direct Deposit Form**
- ☐ **DD Form 1299** – if applicable
- ☐ **DD Form 619-1** – if applicable
- ☐ **DD Form 1840/1840R**
- ☐ **Government Bill of Lading**
- ☐ **Estimates of Repair**
- ☐ **Substantiation for Replacement Cost** – if replacement cost is over \$100 per item and total claim is over \$500
- ☐ **Evidence of Ownership for Missing Items** – purchase receipts, credit card statements, witness statements
- ☐ **Original Inventory**
- ☐ **Missing Items Statement**
- ☐ **Electronic Items Statement**
- ☐ **Statement of Tender**
- ☐ **Orders**

## Statement for HHG/UB Claim

I understand that if any information is missing, my claim will be placed on hold until I update my file. I will not dispose of any damaged or destroyed items, except glass (other than figurines, antiques or crystal with a value in excess of \$50.00) or items that are a safety hazard, until I call the claims office and obtain confirmation the items need to be held for salvage value. Furthermore, I understand that I have two (2) years from the date of delivery to finalize my claim. I also understand that if I have any additional items I wish to add to my DD Form 1840R, I may do so, as long as my 70 days from the date of delivery have not expired. NOTE: I further understand that my claim will be considered abandoned if I am not responsive to requests for information/substantiation made by this office within 10 days of receipt of the request.

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Client's Signature

---

Date

## CLAIMS SURVEY

Please answer the question below and provide comments to assist us. If the space provided for your comments is insufficient, please continue your comments on the reverse of this sheet or attached an additional sheet.

1. Location of Claims Office: \_\_\_\_\_
2. Type of Claim:  
\_\_\_\_\_ Household Goods/Unaccompanied Baggage Shipment  
\_\_\_\_\_ POV Shipment  
\_\_\_\_\_ Theft/Vandalism Loss  
\_\_\_\_\_ Other (Please specify type of loss) \_\_\_\_\_
3. My overall evaluation of the assistance and services I received at the Claims Office is as follows (circle one):  
  
Excellent      Good      Fair      Poor
4. Do you believe your claim was settled in a fair manner? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, why? \_\_\_\_\_
5. Were you treated courteously by the staff? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, with whom did you deal and what was the problem? \_\_\_\_\_  
\_\_\_\_\_
6. When you received your claims packet, did the written instructions and the directions from the claims clerk adequately explain how to prepare the forms?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
7. If your claim could not be paid in full, were you given a satisfactory explanation concerning the method of computing the amount which the Claims Office offered to pay? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Please provide comments on any other areas of the Claims Office which you feel are worthy of praise or need improvement.

Date \_\_\_\_\_ Printed name and Signature \_\_\_\_\_